

West Bay Housing Society Limited

Harbour House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 3 and 8 November 2018 and was unannounced.

Harbour House is a residential care home for up to 35 older people. The building offers accommodation over two floors with lift access to each floor and two adjoining cottages. People have access to communal lounge and dining areas, an accessible garden and outside space. There were 29 people living at the home at the time of inspection.

Harbour House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Harbour House is a Quaker Home. The home was built in 1964 by a Quaker who had an innovative vision to build individual rooms for residents with en suite bathrooms and kitchenettes, with a focus on maintaining people's independence. All decisions are made with consideration about the Quaker ethos: 'Thinking with an open mind rather than following strict rules and regulations.' The founder of the home ensured that a committee of both Quaker and non Quaker volunteers would be involved in decisions about the service and this is still in place. Although some people at Harbour House are Quaker, the home is inclusive and people have a diverse range of cultural and spiritual beliefs.

Harbour House provided outstanding person centred care. Feedback from people, relatives and professionals was that support provided was exceptional and that the home was extremely well managed.

The management of the service was cohesive and driven to ensure that people received extremely high quality support. Staff spoke with enthusiasm about their role and the staff team. Suggestions and ideas were welcomed and staff were encouraged to work autonomously.

Harbour House had strong links with the community and people were encouraged and enabled to maintain their independence. Support was respectful and staff consistently referred to Harbour House and the people they supported as their family.

Harbour House had a strong ethos and considered the spiritual and cultural needs and preferences of people when making any decisions. People were engaged and involved in changes at the service and enabled to communicate in different ways which were reflective of people's individual needs.

Harbour House worked with people and staff to ensure that people were treated equally and that their protected characteristics under the Equality Act were respected and promoted.

People received high quality end of life care which respected and supported people's wishes and also

provided support for other people and staff when a person died.

Professionals spoke extremely highly about the service and the effective communication and engagement. Training opportunities were inclusive and we saw examples of training being given to visiting health professionals, people and other local providers as well as staff.

The registered manager had strong links with local organisations and was involved in considering innovative options for improving people's lives by reducing acute hospital admissions. They also provided support for other local providers and registered managers.

Harbour House had been nominated for two national care home awards and had been finalists for an award in 2017 also.

Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had individual risk assessments giving staff the guidance and information they needed to support people safely.

People were supported by staff who were recruited safely and were familiar to them. People, relatives and professionals felt that staff had the sufficient skills and knowledge to support them and we saw that staff had access to relevant training for their role. Staff received regular supervision and appraisals and we saw that they also had competency checks to monitor their practice and drive improvements.

Staff understood what support people needed to manage their medicines safely and these were given as prescribed. Where people expressed a wish and ability to manage their own medicines, this was encouraged and supported. There were processes in place to audit the accuracy of recording medicines.

Staff understood the principles of the Mental Capacity Act and were able to explain how they considered capacity and consent when they supported people.

Where people received support from staff to eat and drink sufficiently, we saw that staff offered choices and prepared foods in the way people liked. People were supported to access a range of professionals where needed.

Care plans were person centred and provide details about what was important to people and were regularly reviewed when people's needs changed.

People and relatives knew how to complain if they needed to

Staff respected people's privacy and information was stored confidentially.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe

Risks people faced were understood and managed by staff and reflected in people's care plans.

Medicines were managed safely, securely stored and correctly recorded.

People were supported by sufficient number of staff who had been recruited with safe pre-employment checks.

People were protected from the risks of abuse by staff who understood the potential signs and were confident to report.

People were protected from the spread of infection by staff who understood the principles of infection control.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good 

The service was effective.

People were encouraged and supported to fully consider their options before moving in to Harbour House.

Healthcare professionals were enabled to communicate extremely effectively with staff because they had been trained and supported by Harbour House to use the electronic care planning system.

Staff received training and supervision to give them the skills they needed to carry out their roles.

People were supported in an environment which was adapted to meet their needs.

People were supported to eat and drink enough and mealtimes were social occasions enjoyed by people and visitors.

Is the service caring?

The service was exceptionally caring.

People, relatives and professionals all felt that the staff provided exceptional support.

People had the personal care and support they needed in a way that enabled people to be central to all decisions made and maintain their dignity and independence.

People were encouraged and had built strong relationships with other people at the home and staff.

Staff viewed people and Harbour House as their family and provided exceptionally caring and compassionate support.

Visitors were welcomed to the home whenever they chose to visit.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

People received individualised care which was extremely responsive to their changing needs and wishes.

People had opportunity to engage with their local communities and were supported and encouraged to spend time in ways they wished.

Innovative and individualised options for meeting people's communication needs were considered and used.

People received person centred end of life care because staff went over and above to ensure that their wishes and preferences were supported.

People and those important to them were involved in reviews and decisions about their care and treatment.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

Harbour House was led by an exceptional management team who were innovative, inclusive and worked hard to continually learn and improve service delivery.

Outstanding 

The management of the service shared an enthusiasm and passion which was shared and feedback by the entire staff team.

Staff were extremely proud of their work at the home, they worked together and with autonomy to ensure that people received an outstanding service and thought of people in the home, both staff and residents, as family.

The registered manager had strong links with external organisations to drive innovative approaches to service delivery and also supported other local providers and engaged stakeholders.

Quality assurance measures were regular and used to drive service delivery.

Harbour House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 and 8 November 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience on the first day and by an inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience in dementia care and care home services.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 13 people who used the service and two relatives. We also spoke with eight members of staff, the registered manager and the head of care. We gathered feedback from four professionals who had knowledge about the service.

We looked at a range of records during the inspection, these included five care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments and meeting minutes. We looked at three staff files, the recruitment process, training and supervision records.

Following the inspection, we requested that the registered manager share our email address with staff to gather feedback and received written feedback from three members of staff following this.

Is the service safe?

Our findings

People told us that they felt safe living at Harbour House. One person explained "I feel physically safe in the building and I feel safe emotionally...staff have a really good relationship (with me)". Other comments included "I do feel safe all the time, I depend on them(staff)" and "Absolutely safe, we had this fire emergency session yesterday. We had to be evacuated and it went really well. It gave you confidence that it could be achieved". The registered manager explained that they had included people in the planned fire emergency session and sought feedback about whether they would feel safe using a new piece of fire safety equipment. Staff had also tried using the equipment with each other to identify whether it would be safe to use to support people in the event of a fire.

Fire evacuation procedures were in place and each person had a Personal Emergency Evacuation Plan (PEEP) which included details of what support they would need to evacuate the premises safely. There were regular checks of the fire alarms, fire doors and fire safety equipment. Fire drills were carried out and recorded to ensure that people could be evacuated safely in the event of an emergency. There was a fire risk assessment in place and the service kept copies of people's PEEPs and other important information in an area of the home which could be quickly accessed in an emergency. A relative explained "The building is very safe and everyone is very conscious of the need to constantly be vigilant".

Staff understood their roles in managing the risks that people faced and these were clearly recorded with actions in place to guide staff. For example, one person had a medical condition which affected their ability to swallow. There was a risk assessment in place which outlined the condition, the risks and how it affected the person. There were instructions for staff about how to manage this risk. Another person was at risk of developing pressure areas. Their care plan detailed what was in place to manage this risk to try to prevent any pressure areas from developing. This included involvement from the person's GP and provision of specialist equipment.

People did not have to wait for assistance because there were enough staff deployed to meet their assessed needs in a timely way. We observed that call bells were answered quickly and people told us that staff were prompt if they called for assistance. Comments included "I press the button, they come as quickly as they can. They work very, very hard", "they (staff) come quickly when I ring them" and "I knocked the alarm bell (by accident), within no time there were three carers at my door". People were supported by a stable staff team, this meant that staff were familiar to people and knew them well.

People were protected from the risks of abuse because staff understood the potential signs and how to report any concerns. Safeguarding information was displayed in the home and staff were able to explain the signs they would be aware of and how they would raise any concerns. Comments included "if someone becomes quiet or withdrawn, not their normal selves", "financial abuse...if any money was going missing" and "bruising...we would body map it all".

Recruitment at the service was safe with appropriate pre-employment checks in place. Staff files included identification checks, application forms and interview records. Checks with the Disclosure and Barring

Service (DBS) were in place before staff started in their role to identify whether staff had any criminal convictions which might pose a threat to people. The registered manager explained that Harbour House sometimes used agency support at night, they ensured that they used the same staff from one agency to ensure consistency.

Harbour House focussed on recruiting staff by focussing on their values and beliefs, as well as skills and knowledge. For example, the home had run an advert for some vacancies. The wording asked 'Do you wear your heart on your sleeve? Can you walk in to a room and change the moment? Can you connect with others, be spontaneous and laugh at yourself?' The registered manager explained that they placed an emphasis on finding the right staff who would bring their kindness and caring approach to the home. This approach was further evidenced by staff interview records.

People were enabled to receive their medicines safely, and independently where this was their preference. Some people at Harbour House chose to manage their own medicines. Staff supported people's right to do this and provided support to order medicines when stock was low or monitor if people's ability to manage their medicines changed. For example, staff had noticed that a person was not applying their cream twice daily as prescribed. They spoke with the person who agreed that they were struggling to manage this and for staff to take over and manage their cream for them.

Where people's medicines were administered by staff, this was given as prescribed and these were recorded safely. Where people had medicines prescribed to be taken 'as required', staff asked whether people wanted this before administering and recorded this accurately in the person's Medicine Administration Record (MAR).

The service had safe arrangements for the ordering, storage and disposal of medicines. Where medicines required additional security checks, these were in place and records of stock balances were correct. Some medicines required colder storage and this was provided with regular temperature checks in place.

People were supported in an environment which was kept clean and safe with regular monitoring checks and cleaning. Checks were in place to ensure that all areas of the home were kept clean and there were visible stock of Personal Protective Equipment (PPE) on each floor of the home for staff to access. All areas of the home were clean and domestic staff took pride in understanding and respecting how each person wished their room to be cleaned. The kitchen had been awarded a five-star food standards rating and all staff had received food hygiene training.

Staff understood their responsibilities to raise concerns or report incidents and these were used to learn and drive improvements at the home. There had been an incident involving how a person had been assisted to move using some equipment, a group supervision had been arranged to discuss the incident and learning from this. The supervision detailed how staff had been encouraged to discuss how they had felt and there were actions planned to ensure that improvements were put in to place which would ensure that further moving and assisting would be safely managed for staff and the person. The registered manager explained that members of staff from different roles, regularly sat and observed the dining experience for people. The staff reported good and bad practices and shared them with the kitchen team as a lessons learned experience.

Is the service effective?

Our findings

Harbour House placed an emphasis on ensuring that people only moved in to the home if they felt confident and comfortable with their decision to do so. Before people moved to Harbour house, they were encouraged to visit and spend time at the home if they were able. Some people had short stays and were encouraged and empowered to return home if they were not sure that they wanted to stay permanently. One person explained that the registered manager had "realised I had come in too soon and was quite happy about me going home again". They explained that it was "entirely my own decision to return (to Harbour House)". Another person explained that the registered manager and staff had supported them when they hadn't felt "quite ready" to move into the home permanently.

There were information leaflets in the foyer of the home which encouraged visitors to think about the questions they might ask when considering a care home. This information was provided to enable people and those important to them to consider Harbour house and any other care home before making any decisions. This was an effective way of ensuring that people who moved to the service understood their choices and options about moving to a care home.

People were supported in an environment which was adapted to meet their needs. The registered manager told us about various improvements which had been made to people's environment and feedback from people was overwhelmingly positive about the changes to the home. The lounge and dining areas had been opened up to one large room. One person explained "the dining room has had a lot of building works and the new colour scheme is outstanding, it lifts it". People had choices about every aspect of their own room, from carpets to furniture and curtains and one room was having a bath removed and a shower installed to better meet the needs and preferences of a person.

People were able to go out when they wished and several people did this throughout the inspection. One person told us "I try to go out every day, the staff encourage me". Another person told us that they enjoyed spending time in the garden and said, "When the weather was lovely some of us ate outside, we had lunch out there if you wanted".

Harbour House had implemented a system to ensure that visiting professionals were able to effectively communicate treatment plans and any changes to people's support with the staff team. The registered manager explained that they had provided training and secure logons for external professionals so that they would access and use the electronic care planning system. We saw evidence that district nurses and foot health care professional had recorded treatment given and treatment plans using this system for the staff team which had been immediately alerted. One professional explained "being on (name of electronic care planning system) enables me to hand information over to all care staff, so they are instantly updated with any changes to care that I would like implemented".

People had prompt access to a range of health care professionals when this was needed. For example, one person had told the registered manager that they were experiencing pain. This had been shared with the staff team and the person was visited by a physiotherapist and a community matron as a result of the

information being shared with the appropriate professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. No-one living at Harbour House at the time of inspection required an assessment under MCA but staff understood the principles and how these were relevant to people living at the home. A staff member administering medicines explained that people had the capacity to decide whether they wanted their medicines or not and their choices were respected. Where a person was refusing their medicines, their capacity to make this decision had been respected but the risks discussed with their GP and the staff team.

People and those important to them were involved in pre-admission assessments about their support. The registered manager explained that they discussed people's favourite meals with them before they arrived at the home and tried to provide them with their choice as their first meal to help them to feel welcomed to the service. Assessments included details about what was important to a person, their needs and wishes and formed the basis of their longer-term care plans. Where people stayed at Harbour House for a short stay, they were encouraged to visit the home in the weeks prior to their stay to have lunch with other people living at the home and familiarise themselves with the environment, staff and people.

Staff had the correct knowledge and skills to support people and received relevant training and development opportunities for their roles. One professional explained that staff were quick to pick up on changes in people which could potentially lead to an admission to hospital if not acted upon. They explained "I believe that staff are well trained to support their residents". A member of staff explained that training was usually offered with a couple of dates which helped to find an option which was convenient to attend.

New staff to the home were supported through an induction and probation period and completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Staff received regular supervision and told us that these were arranged at times which suited their working patterns. Supervision records included reflection on staff practice, focussing on what staff did well, and any areas for further development. Several staff were being supported to undertake national qualifications.

People were supported to have a balanced diet and where people needed foods prepared in a certain way to eat safely, this was accommodated. The chef and head of catering were able to explain about people's particular dietary requirements and were aware of any allergies or intolerances. They knew how people needed food to be prepared to ensure it was safe for them and in line with their preferences. For example, one person chose to have certain types of food as a puree and we saw that their meal was served with part of it pureed in line with their preference.

Meal options were displayed in large print on a notice board and on each dining table. Where people

wanted smaller portions this was noted and respected. Some people had adapted cutlery to enable them to eat independently and where a person had limited sight, staff who brought their meal explained what was on their plate and what vegetable options there were as an accompaniment. The kitchen was open to the dining and lounge areas so people could see their meals being prepared and kitchen staff were visible and came to speak with people during meals.

People enjoyed the dining experience, we overheard people chatting to each other and to staff and where people wished to have their meals in their rooms, this was accommodated. Tables had condiments available for people and vegetables were served separately so that people could help themselves to what they wanted. There were choices daily and vegetarian options for people also. Feedback from people about the food was overwhelmingly positive with comments including "food is always good quality", "they (kitchen staff) will always make you something different", "you can ask for different things. The kitchen staff are very good" and "quality and variety of food is wonderful".

People were able to access snacks throughout the day in small fridges which were available on each floor of the home. These contained a range of snack options including small cheeses and biscuits. One person explained that their family sometimes used this when they visited. People were encouraged to choose their favourite cakes which were made for them on their birthdays. One person spoke fondly of the coffee and walnut cake which they had received on their birthday.

Is the service caring?

Our findings

Feedback from people, relatives and professionals was that staff provided outstanding care and support and went the 'extra mile' to ensure that people felt cared for. Comments from professionals included "I would be happy for any member of my family to live there. I have worked in and with many care homes and this would be my first choice", "All staff, at every level, are wonderfully kind and friendly. It is a very caring environment, where individual's needs are always catered for". Another professional explained "I am in awe of them...there are not many places which make me feel like that". One person explained "I can only say its first class...its outstanding", "I've always felt we were cared for with affection, that they (staff) care what happens to you".

Several compliments had been received by Harbour House which evidenced the exceptionally caring support people received. Comments included "Thank you so much for this morning, (people's names) are raving about Harbour House", "what makes it special – how much the staff team care", "it was very cheering to see (name) looking so much better. It's all thanks to the care you give (name) at Harbour House", "The staff did a fantastic job yesterday in evacuating us from the building. ... the confidence we now have should there be a serious incident" and "thank you to each and every one of you for making yesterday a true celebration. You(staff) all worked so hard and did so much to make it a happy anniversary – the best one for a long time".

People were empowered and engaged in building relationships with each other. One person explained that they knew that some people living at the home struggled to hear and explained "some people do have communication difficulties eg. Deafness, we do write to communicate with some people". They also explained how their relationships with other people and staff had helped them when they had difficulties with their vision. They told us "I had a lot of trouble with my eyes, they(people and staff) were really supportive – it made a difference to how I felt emotionally".

Another person explained how another person at the home supported them. They said "(persons name) is coming in this afternoon. (Person's name) is going to read the hymns for me so I can sing them at church on Sunday. We arrange it ourselves". They also explained "We can have people in from outside, I have friends come. They come at coffee time and have coffee with me".

One person explained how the home encouraged and supported them to maintain relationships with friends. They told us that they were regularly visited by friends and supported to use a quiet area of the home to spend time with them in private. They explained "This is important to me and makes me feel that this is my home and I can invite my friends".

One person at the home had a recent diagnosis of dementia. They regularly visited the office and asked the registered manager whether they would be leaving to go on their 'date' soon. The registered manager used this opportunity to regularly take the person out for a drive which the person really enjoyed and both the person and registered manager enjoyed this time.

Staff were matched with people who shared similar interests to support with building and maintaining relationships. A person preferred to spend time in their own room but had formed a close relationship with one particular member of the kitchen staff. The registered manager had enabled this staff member to build this relationship. An outing was arranged to a local attraction in which the person had an interest. The registered manager explained that several people went on the trip and were accompanied by staff who shared the same interests. Staff from the kitchen and domestic team accompanied people and were enabled to do so by the registered manager who ensured that they had relevant training in moving and assisting and first aid.

Harbour House had worked in a person-centred way to find innovative and individual approaches to meet people's communication needs.

Several people at the home had sight loss and the home had researched and installed new lighting in corridors and different lighting options in people's rooms to assist people to be able to orientate themselves around maximise their sight. A staff member explained that one person had told them "it's lovely and bright in here" while they were walking along the corridor. We observed staff not only explained options verbally to people, but also had an excellent awareness of people's communication needs. When the registered manager approached a person, they verbally introduced that they were coming up behind the person. We also observed that the registered manager had shown their silhouette to a person when they arrived and the person had felt the registered managers hair. They explained, "the person knows I normally have my hair down and my silhouette was different today. I got them to feel my hair up so they could understand it was me and why my silhouette was different".

People were enabled to communicate in ways which were meaningful for them. For example, one person at the home used a combination of a white board and pen, or email to communicate with staff and those important to them. Some people living at the home had hearing loss and struggled to hear in meetings and group activities. The home had purchased a wireless microphone which could be linked to various speakers around the home. This meant that wherever people chose to sit, the microphone could be linked and improve the person's experience and confidence to participate in louder environments.

Staff placed a strong emphasis on promoting people's independence at Harbour House and provided exceptional support to encourage people to do what they could for themselves, and where possible, increase their abilities. Staff gave an example of one person who was unable to walk when they moved in to the home. Staff worked with the person and other professionals to encourage and support the person to improve their strength and confidence and the person had been able to regain their ability to walk with this support.

When one person moved in to the home they had struggled with their sight and orientating themselves to their bedroom. The registered manager explained that they had set up a number of sensory objects including string and a bell in the corridor which the person was able to use to guide them to their bedroom. This had worked well and meant that the person had been able to independently learn to orientate themselves to their room. The items had been removed once the person felt confident.

One person had struggled with their legs and had been advised by a health professional to keep them elevated. We saw that the person had not been consistently following the advice and heard staff discussing the encouragement and support they were providing to the person to ensure that their legs improved. The person explained "I've had a bit of trouble with my legs and I'm keeping them up. They are getting better now, I want to keep them like that". We later observed the person in the dining room with some other people. They were showing off their ankles and were extremely proud of how slim they had become.

Another person had suffered a number of falls. Although their walking had deteriorated and their confidence had been affected by these, staff spent additional time ensuring that they provided extra support, encouragement and time to enable the person to continue to walk. The person had said that they were no longer confident to walk alone and staff had enabled the person to continue to walk with their support and encouragement so that their independence was protected.

Harbour House also went over and above to support visiting professionals. The registered manager explained that they were aware of how difficult it could be for some community professionals to have breaks while they were working. In summer they ensured that they provided professionals with drinks and ice lollies when the weather was extremely hot. They also provided drinks in takeaway cups and cakes/biscuits when professionals visited to ensure that they had something to drink and eat during their shifts.

People had a plan which was used by domestic staff to ensure that people received personalised support to maintain their rooms in the ways they wished. For example, one person's plan identified that there were particular pieces of furniture which the person did not want to be moved, also that there was a particular ornament which the person did not want moved. Staff sought consent in line with the person's wishes, before cleaning specific areas of their room and details also included how to leave the person's room once it had been cleaned. When people moved to the home they chose all aspects of their rooms, from carpets and curtains to furniture. Where one person wanted to move room, and had expressed a preference for a shower, we saw that the room was being redecorated in line with the person's wishes and a wet room was being installed.

People were enabled to make choices about the staff who supported them. People had been involved in the recruitment of two apprentices at Harbour House. The registered manager explained that potential candidates had spent time with people in the lounge and dining areas, sharing a cup of tea and chatting. People had then been asked for their feedback to inform whether the apprentices would be accepted at the home. One person explained "We have a couple of apprentices here at the moment. I see how they are being helped. They can observe, they are chosen deliberately to come here".

People also told us that if they had a preference for male or female staff, this was respected. The registered manager explained that as more male residents moved in to the service, they recruited male staff to ensure that individual preferences could be met. One person told us "I said I preferred a lady. They (staff member) said that was perfectly fine. They allow you to do what you want, not what they think you want".

People chose whether they wanted their names or photographs to be displayed on their doors. We saw that some people had consented to their name but not their photo and that this had been respected.

People were supported to have choice and control about every area of their lives. Although Harbour House was a Quaker home, the service was inclusive and welcomed people with a range of religious and cultural beliefs. The home worked hard to engage and empower each person to be involved in how their individual spiritual needs were met. People were treated with equality and encouraged to advocate for their beliefs and discuss any issues or worries. Some people with differing spiritual beliefs had struggled following the death of a person. Staff were extremely sensitive to people's need for compassionate support during this time. People had been encouraged to spend time together, discussing what had happened and agreeing how to ensure that people's individual spiritual needs were met if a person died. People told us that they were happy with the outcome and consistently told us that their spiritual and religious needs were met.

Harbour House worked with people and staff to ensure that people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. Examples included working

with people and staff to support staff to be inclusive and understand how to best support each other. The registered manager gave a couple of examples where they had worked with people to be supportive, understanding and respectful of staff with protected characteristics. They also gave examples where staff had worked with external professionals to support people to find solutions which meant that they were able to remain independent and they were treated equally under the Equality Act.

People spoke with warmth and affection about staff and explained why they felt the service was exceptionally caring. Comments included "they(staff) talk things through with you", "anything you want, they'll (staff) get it. Downstairs there is a shop you can help yourself to", "They(staff) are all nice, if you ask for something, you get it. They don't offer suggestions but that's right" and "(I feel) very cared for, just a general complete confidence". Several staff told us that the home was a like a large family and the interactions between people and staff supported this. One staff member explained 'everything is done with the residents as the primary objective, the ethos being that this is their home'.

Visitors were welcomed and encouraged to spend time with their loved ones over meals and activities where possible. One visitor told us that the home was "very accommodating" when they went and another explained that staff "make me welcome whenever I visit". Visitors were able to stay for meals with their loved ones if they wished and had opportunity to spend time with people in private in their own bedrooms, or access to a quiet room instead if this was preferred.

People's information was stored confidentially and the home understood their responsibilities under the new General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. Visitors were asked to sign in and out of the building and confidential information was stored in areas with coded access or on the electronic care planning system which was password protected.

Is the service responsive?

Our findings

Harbour House provided exceptional person centred care for people. There was an emphasis on ensuring that people received care which was personal to them was consistently observed. The registered manager explained that the genuine care and love that staff showed for people living at the home enabled an exceptional individualised approach which was felt by people living at the service. A professional explained "I have been in many care homes, I honestly think that Harbour House is at the top of the rankings.they consider the holistic, spiritual needs of people and I think their person centred care is outstanding".

Staff supported people to meet their mental and emotional needs. One person explained that staff had "realised that I was depressed." Staff contacted their relative and bird feeders were arranged for the person on their balcony. The person said, "It cheered me up". Another person told a member of staff that they wished that they had ducks in their bath. The staff member went and purchased some ducks which lit up and the person used them for every bath and they had pride of place in their bedroom

One person at the home had been observed to be low in mood by staff. They had shown staff their sherry cabinet and explained that they were lonely and had no-one to share a sherry with. The staff member immediately went and discussed with the registered manager. The home used their social media page to request some sherry glasses and a tankard which were promptly donated by the local community. They then set up a sherry evening for people. The person very much enjoyed this and it was so well attended that became a nightly occurrence. This had positively impacted on the persons mental wellbeing and mood and enabled further opportunities for people to socialise and form relationships with other people at the home and staff.

A person had given one of the chefs their own recipe book. The chef used some of the recipes and worked with the person who trialled them to see whether they had made them in the way they wanted. One recipe did not turn out as planned so the chef and registered manager enabled the person to work in the kitchen and cook the recipe themselves. They had enjoyed this experience and taken pride in cooking and producing one of their favourite recipes for other people at the home.

During the inspection a staff member telephoned the home while they were off duty in a local supermarket. They were ringing to ask staff to let a person know that a certain product they liked and had been unable to get, was in the supermarket and that they would buy this and bring in it for the person.

Another staff member had gone out of their way to research people's favourite films, purchase these and they were then used for regular film nights which people attended and enjoyed.

Harbour House had built strong links with the community and was an open and welcoming environment which was visited by not only relatives, but local volunteers and people living in the community. We were told that some of the local Quaker community came to volunteer to support people at the end of their lives which provided additional comfort for people. On the second day of inspection, we observed that a person visited the home to watch a local choir performing. This person did not live at Harbour House, but had

previously stayed for short periods and was encouraged to come and join in. One of the committee members also came to watch the choir and we saw that all activities and trips arranged were also used as opportunities to engage people from the local community.

One person in the local community had previously stayed at Harbour House for a short period. They did not have any local family and were isolated in their own home. Staff explained that they maintained contact with the person and encouraged them to visit the home for meals and at Christmas. They had also been included on trips out with people living at the home to ensure that the person did not feel isolated.

People received exceptional end of life care which enabled them to stay at Harbour House if this was their wish. For example, a professional told us about one person who had chosen Harbour House as their preferred place to die in their end of life plans. The professional explained that the person's needs were extremely difficult to manage towards the end of their life, but that "the home went out of their way to provide the very best care". Staff stayed on after their shift to maintain the person's safety, quickly collected additional medicines from the pharmacy when the person was distressed and the professional explained that staff adapted to the persons increasing needs enabling them to remain at Harbour House. People's care plans included details about their end of life wishes and discussions with those important to people.

Another person was supported by staff to plan and achieve a 'bucket list' when they were approaching end of life. A few days before they died, they asked the activities co-ordinator to support them to take them around the whole of West Bay in their wheelchair to revisit the walk they used to take every day. The registered manager explained that this involved a large number of hills and time, but enabled the person and staff member "in between breaks they talked, cried and laughed. This meant an awful lot to both of them".

Harbour House met the Accessible Information Standard for people. The Accessible Information Standard is a law which requires services to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's care plans included assessments of people's individual communication needs, staff were aware of these and people were supported in ways which demonstrated this. For example, information was read to a person who had a visual loss.

People and those important to them were involved in reviews and decisions about their care and treatment. Care plans included information about people's backgrounds and what was important to them. Details included people's spiritual or religious beliefs, life experiences and current and past interests. All staff were responsible for updating care plans when people's needs changed and we saw evidence of this throughout the inspection. The registered manager explained that the change to the electronic care planning system had meant that staff were able to spend more time with people when they would previously have needed to sit in the office to hand write notes. People and relatives were involved in the change to the electronic system and explanations provided about the mobile handheld devices which staff used to record throughout their shifts.

People were supported to enjoy a range of social opportunities and there was a large board which displayed planned activities each week. There were activity co-ordinators and people chose how they spent their time, with options of arranged group activities, opportunities to go out to local attractions and one to one time with staff. Some of the opportunities people had been engaged in included; working with students from a local college to produce large pieces of artwork which were displayed in the home, engaging with a visiting theatre group which had been an emotive experience for some people and trialling a piece of technology called a 'tovertafel' for people to use. This is described by the inventor as a fun care innovation that connects older people in the late stage of their dementia journey with each other and with their

surroundings, all the while stimulating movement. We saw that one person had been using this to enjoy a game with a member of a visiting choir, and that both parties had been quite competitive!

People were supported to know how to raise complaints if they needed to. There was a complaints policy in place which detailed timescales for complaints to be acknowledged, investigated and responded to.

Is the service well-led?

Our findings

The registered manager and head of care had created an exceptional leadership partnership whose clear vision and ethos was visible throughout the home. The management of the service shared an enthusiasm and passion for providing people with high quality, person centred care. All managers within Harbour House shared the ethos and focus on exceptional quality care.

All decisions about changes at the home were made with involvement of people and staff. Consideration was given for each decision about the Quaker who founded the home and whether decisions reflected their innovative vision of semi-independent living. The strong emphasis on enabling and empowering people was evident throughout our inspection through staff and feedback from people, relatives and professionals. The vision and values of the service were evident throughout the inspection, from speaking with staff, observations and looking at documents and care plans.

The registered manager had an inclusive and autonomous approach and had worked alongside the head of care to create a culture of openness and transparency among staff. A relative described the registered manager as a "superb leader" and other feedback consistently echoed this view. We observed that there was a governance structure for ensuring that work was completed but no hierarchy or division between staff and their roles. For example, all staff received first aid and moving and assisting training so domestic, cleaning or care staff had equal opportunity to assist people and were encouraged to spend time with people both in the home and accompanying trips or outings. The registered manager and head of care had a strong and respectful professional relationship and decisions were made jointly and with input from the Harbour House committee which included both Quaker and volunteer members. This inclusive approach was distinctive because it ensured that all decisions were made with people, rather than about them. The head of care explained "it's not just a care home, it's their home".

People, relatives and staff spoke about the exceptional leadership of Harbour House. They told us about the differences that the registered manager had made to the home and we saw that there was a high level of trust and strong bonds between people, staff and management. Staff were empowered to consider solutions and implement these because they understood that the registered manager trusted their judgement. This meant that staff worked with autonomy. For example, a person's needs had changed which was reported by staff in handover. The registered manager did not provide solutions, but encouraged the staff to suggest what could be done and supported them in their decision. On the second day of inspection, another staff member queried the best option for a person. They were encouraged to work autonomously and made a suggestion which was supported by the management team.

The registered manager had implemented innovative methods of gathering feedback to improve service delivery. For example, agency staff were required to complete a feedback form at the end of a night shift. This was used to gather feedback about the home from a different perspective and was also used to share feedback about the agency staff member from Harbour House staff. All feedback forms were signed off by the registered manager and any ideas or suggestions for improvements considered. The registered manager explained that one agency staff had highlighted a potential gap in how agency staff used the electronic care

planning system. Their feedback meant that the registered manager became aware of this and implemented more detailed training for agency staff to manage this potential recording gap.

All managers at Harbour House received 360 degree feedback from the rest of the management team. This meant that other management staff were asked to give honest feedback about areas of strength and also areas for further development. The head of care and registered manager gave us examples of areas other staff had identified for further development and how that had used this constructive feedback to continually improve and develop their own leadership skills. An example included reflection on wellbeing and how the management team monitored this with each other, and the impacts on the wider staff team.

Staff shared an exceptional level of pride and focus on ensuring that high quality care was provide for people. For example, one staff member had found that a person's room had not been cleaned properly. They had raised this to ensure that the situation was not repeated, however they had also been extremely aware of the specific ways in which the person liked their room to be cleaned. The person had not raised a concern, however the staff member had taken extra time over their shift to stay and ensure that the person's room was cleaned in the way and to the standard that the person expected before raising the issue with management. This demonstrated the attention to high quality care and also the pride and person centred focus of support people received.

Staff were encouraged to develop and progress and one staff member explained that their years of experience before moving to Harbour House could not compare to how they had evolved and what they had achieved since starting their role at the home. They explained 'I have adopted the approach that if it wouldn't be good enough for my Grandmother, Mother, then it wouldn't be good enough for the residents, this applies to cleaning, food, care – any service we supply.' This view was echoed by other staff and one explained 'It is a pleasure to work somewhere where everyone is valued and feels proud to be employed here. This is reflected by the happiness and well being of the residents, whose opinions and requests are listened to and acted upon and whose dignity is paramount at all times. They are treated with respect but also with a warmth and familiarity of a family member'.

Staff were encouraged and enabled to work together and we observed that staff trusted and respected each other and worked as a strong, cohesive team. Comments from staff included "we are not just colleagues, we are a family, we support each other", "I love the staff I work with, it doesn't feel like work, we laugh a lot" and "staff are very much 'for' harbour house". The registered manager had planned in set breaks for all staff during each shift. Staff responded to call bells, however the shared time meant that all staff spent quality time together during breaks and had formed strong supportive bonds both inside and outside work. This was further evidenced with examples of staff pulling together to support individual staff members in times of pressure or personal difficulty. We observed that staff enjoyed being in each others company and worked together to support each other, as well as people living at Harbour House.

Staff meetings were also planned as an opportunity for staff to bond and for people to attend if they wished. There was a staff meeting planned the week that we inspected and it had been arranged at a time which suited both day and night staff. The registered manager had also arranged for a supper of scampi and chips to be provided to staff during the meeting and people were invited to also attend for the meeting and supper. This meant that staff felt supported and that meetings were an enjoyable event for staff and people living at the home. A staff member told us "we had bacon butties at the last meeting". Meeting agendas were posted well in advance of meetings and gaps left for staff to suggest other topics. We saw that 4 suggestions had been made for staff for the imminent meeting.

People were involved and enabled to make decisions about all aspects of life at Harbour House. Meetings

were held regularly and a range of areas discussed including mealtimes, activities and plans for Christmas. Where any issues or concerns were raised, these were discussed by residents and plans agreed about how to move forwards. For example, people had raised issues with the laundry provision. This had been discussed, and a further member of staff had been employed. Some people had retained responsibility to monitor whether this change had been effective and we observed one person being told about a laundry issue which had been reported and what action had been taken during the inspection. The person explained that they were pleased at the prompt actions which had been taken to resolve the issue.

Harbour House had an exceptionally strong focus on delivering high quality care and continually improving and considering innovative options to improve the lives of people. The registered manager had strong professional relationships with local organisations and consistently worked to keep up to date with local and national best practice. There were several examples of projects in which the registered manager was involved, which were planned to be trialled at Harbour House. For example, the home was in the process of working with the local Clinical Commissioning group to provide telehealth for people at Harbour House. Telehealth allows health staff to monitor some people remotely, in their own home, reducing the need for visits from healthcare professionals or trips to hospital. Harbour House were also working with the committee and local organisations to consider options for usage of an adjoining building. Considerations were being given to what would be of benefit for the local community as well as people at Harbour House.

The registered manager provided support and innovative thinking with other organisations. They were involved in a mentoring initiative to provide support for other local registered managers through a national organisation. They also worked closely with the local hospital NHS Trust to consider options for reducing acute admissions to hospital. We saw feedback from a local organisation supporting training and development for people working in the adult social care sector. The organisation thanked the registered manager of Harbour House for attending an event and sharing their enthusiasm and experiences of supporting apprentices.

Harbour House had also been nominated for national care awards both for their training and development, and were also finalists for the title of care home of the year. In 2017 the home had also been one of three finalists in relation to their innovative ways to achieve excellence.

People and other local providers were encouraged to be involved in learning opportunities if they wished. Harbour House had arranged for staff to receive some training in dementia where they could experience how a person with dementia may view the world using virtual reality technology. A person at the home had been enabled to attend this and the training was so successful that it had been arranged for a second time. In the second occasion, other local care providers and staff had been invited and attended to share the learning experience.

Quality assurance measures were regular and used to drive changes and improvements in the service. Staff received spot checks around areas such as medicines administration and the head of care, registered manager and head of catering and domestic were visible and worked with staff and people to provide information quality assurance oversight of service delivery.